UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: 1000 2 Serial/Patent # 1000920					
3 Please refund the following fee(s):				5 DATE FILED	6 AMOUNT
	Filing				\$
	Amendment			, (\$
X	Extension of Time			10/5/04	\$ 1005
	Notice of Appeal/Appeal				\$
	\ Petition				\$
	Issue				\$
	Cert of Correction/Terminal Disc.	-			\$
	Maintenance				\$
	Assignment				\$
	Other				\$
		7 TOTAL AMOUNT OF REFUND			\$ 1005
		8 TO BE REFUNDED BY:			
10 REASON:		Treasury Check			
	Overpayment		C	redit Depo	osit A/C #:
	Duplicate Payment	9 2 2 7 3 7			
X	No Fee Due (Explanation):				
Extension filed afterlytendable speriod.					
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: SILVING (). OVINCHLY TITLE: POTUTON CONNE					
SIGNATURE: PHONE: 2924					
OFFICE: 41116 **********************************					
THIS SPACE RESERVED FOR FINANCE USE ONLY:					
APPROVED: Welle DATE: DATE:					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B